

## CLAIMS ONLY

Application Number

09/535890

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1						51		
2	1						52		
3		1					53		
4							54		
5							55		
6							56		
7		1					57		
8							58		
9	1						59		
10	1						60		
11							61		
12							62		
13							63		
14							64		
15		1					65		
16		1					66		
17		1					67		
18		1					68		
19		1					69		
20	1						70		
21		1					71		
22			1				72		
23			1				73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	6						Total Indep		
Total Depend	K4						Total Depend		
Total Claims	20						Total Claims		